TO FUNERAL page 3 should

VS A1s (4) 1SM 9/SB

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

19066 CERTIFICATE OF DEATH

	24300	0_1(11110		• •	Reg. Dist. N	No.
1. PLACE OF DEATH o. COUNTY St.	. Mary's	MARYLAND	o. STATE	Where deceased lived. If in b. COL	stitution: Residence be	
RURAL ond give r	(If outside corporate limits, v negrest town) addox	Life	1	f outside corporate limits, w IddoX	rite RURAL and give	nearest town)
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital, give	street oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Josephi.	ne Arn	nstrong	4. DATE OF DEATH NOV.	Month 30,	Day Year 19 59
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In )	reors IF UNDER 1 YE	AR IF UNDER 24 HR
Female	Colored w		May 8,1877		γιз. Months Doy	ys Hours Min.
during most of wo House	rking life, even it refired)	10b. KIND OF BUSINESS OR INDE Home	JSTRY 11. BIRTHPLACE (Sto Maryla			S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN			211.0
Jame	s Thomas Ar	mstrong	Amanda	Maria ????		
15.\ WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S. ARMED FORCES (If yes, give war or dates of service	1	informant es Amanda N	M.Nelson M	addox, M	aryl <b>ahd</b>
Conditions, if gove rise to couse (o), storing lying couse lost.  Part II. OT	the under-	Cerys for	T NOT RELATED TO THE TER	MINAL DISEASE CONDITION	N GIVEN IN PART 1(0	PERFORMED?
OR CONTRIBUTION	AS UNDERLYING   206 G   CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury i	in Port I or Port II of item 18	B.)	YES NO
20c. TIME OF INJU Hour o. m. p. m.	10		LACE OF INJURY (Home, for actory, street, office bldg., a		(Coun	lly) (Stote
21. I certify to alive on 3.  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Leon B		M.D	M, fram the cause ADDRESS (Street, city or	s and an the do	DATE SIGNE
220. BURIAL, CREMATION BUT 13 15 Pecify	ON, 226. DATE THEREOF 12/4/59	22c. NAME OF CEMETERY OF Sacred He	OR CREMATORY	22d. LOCATION (City, N. Bushwood,		(Stote)
23. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	24a. RE	C'D BY REGISTRAR 24b.	REGISTRAR'S SIGNA	TURE
W.Clarke	Mattingley	Leonardtown,	Md. DATE	DEC 4 '59	arthur S. th	and a

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The second secon demen Treats for a cont 'Special accept' seems

BEIDE DES PROPER TOUR OF SECURE AND ASSESSED. 

	LACE OF DEATH	t. Marv's		MARYLAN	2. USUAL RESIDEN	CE jWhere dece		If institution: I	Residence bef	ore admission)
t		If eutside corporate limits, w	rite BURAL	c. LENGTH OF STAY IN 18		VN (If autside co	rporate limi	ts, write RURA	L and give n	eurast fown)
	Rural Ch			Life	XRural	Chapt	ico			
-			(If not in ho	spital, give street address)	d. STREET ADDR					e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED Type or print)	Bal	int OV	Middle Girl	lost Baker	4. DATE OF DEATH	IN	Month	Doy 19	Year 19 59
5. 5	EX	6. COLOR OR RAC	7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (li	4. 1		IF UNDER 24 HRS.
I	emale	Colored	WIDOWE	DIVORCED	Nov. 18.19	59	rues opini	yrs. Man	the Doys	Hours Min.
		ON (Give kind of waring life, even if retired	k done 10b. I	KIND OF BUSINESS OR INDU	Chapti	co. Mary		12.	CITIZEN OF	WHAT COUNTRY
13.	FATHER'S NAME	_			14. MOTHER'S MAII					
10		French Ba				Louise 1	lush			
	. no, or unknown)	/ER IN U. S. ARMED F (If yes, give war or date)			George F. Be	ker Ch	antic	Address	heels	
	18. CAUSE OF DEA	ATH [Enter anly one o	ouse per line			V.	^	AT SHARE	INTER	VAL BETWEEN T AND DEATH
	PART I. DEA	TH WAS CAUSED BY	a)	Expos	in a layer	-	. Chil	lli:	) ONSE	3621
	9320	DUE TO			( / -			7	-	
	Conditions, if	1993	b)							
	gave rise to imme	diate cause								
	(a), stating the	anderlying	c							
CATION	PART II. OT			ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE	TERMINAL DISEA	SE CONDITI	ION GIVEN IN		9. WAS AUTOPSY PERFORMED? (ES NO
CERTIFICATION	200. EXTERNAL CA PRIMARY   07 CO CAUSE OF DEATH	USE WAS INTRIBUTING []	20b. DESCRIB	E HOW INJURY OCCURRED.	(Enter nature of injury	in Part I or Part I	I of item 18	1.)		
MEDICAL	20c. TIME OF INJU Hour o. m. p. m.	JRY Month, Doy, Y	ear 20d. While	e _ Not white _ fo	LACE OF INJURY (Hame octory, street, affice bldg	e, farm. 20f. (Ci	ly or town)	· · · · · · · · · · · · · · · · · · ·	(County)	(State)
	21. I certify t	hot I took chorg	e of the	remoins described of	ove, held on Au	lopsy .	Inspectio	n II. in	quiry 7	and find the
	deoth resulted	from: Naturo	couses [	Accident A. S	uicide [], Hom	icide [], l	Indeterm	ined cause		
	ACTUAL SIGNATURE	-M	CX	15mg	M.D. CHIEF MEDIC	CAL EXAMINER				DATE SIGNED
				10	ASSISTANT A	AEDICAL EXAMIN	ER 🔲	_	11	123/59
	EXAMINER'S NAME (Type)				DEPUTY MED	ICAL EXAMINER			//	1271 - 1
220	BURIAL CREMATIC REMOVAL (Specify UTIAL	ON, 226. DATE THERE	OF 120	St. Alovsin		-	ation (City	, lawn, or cou	nly)	(State) Md.
-	FUNERAL DIRECTO		17/	ADDRESS		RICHARRICH		b. PEGISTRAP	'S SIGNATUR	) F
100			Leonari	dtown, Maryla		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	39"	Chilma	S. Fran	A
	2000	26 7XV	3							

VS. A15ME(5) 5M 9/55

. . MEDICAL EXAMINED & CERTIFICATE OF USATI The state of the s 1. 1983.41

CERTIFICATE OF DEATH

12309

_4000				Reg. Dist, I	10.
1. PLACE OF DEATH  o. COUNTY		2. USUAL RESIDENCE (Wh	ere deceased lived. If institution	on: Residence b	efore admission)
St. Marys	MARYLAND	Mary	land b. COUNTY	St.	Marys
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, write RI	JRAL and give	nearest town)
Leonardtown		X Ridg	е		
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
St. Marys Hospi	tal	Rura	1		YES NO
3. NAME OF First DECEASED (Type or print) Theodore	W. Bennet.	toss	4. DATE Mon	th 24	Day Year 19 59
5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH			AR IF UNDER 24 HRS.
male white willow		11/11/1885	74. yrs.	Months Day	ys Hours Min.
0o. USUAL OCCUPATION (Give kind of work done 10b	KIND OF BUSINESS OR INDU	- All the second second	or foreign country]	12. CITIZEN	N OF WHAT COUNTR
during most of working life, even if retired	Plaster	New Jer	6077	T	USA
3. FATHER'S NAME	Trascer	14. MOTHER'S MAIDEN N	IAME		1
David Down of	_	Mary W			
David Bennet  5. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16		INFORMANT	Addr	ress	
(18 yes, give war or deten of service)					71.5
	79-03-79924	Mrs, Mildre	d Bennett -	Ridge,	
18. CAUSE OF DEATH [Enter only one couse per I PART I. DEATH WAS CAUSED BY:		A		O	NTERVAL BETWEEN
IMMEDIATE CAUSE (o)	Israneus 1	Forgumena			5 cla
260 X DUE TO	Heat da	0			1
Conditions, if ony, which	Bec	ucen			6 1100
gove rise to immediate couse (a), stating the under-	Drobites	21.000.7			1000
lying couse lost. (c)	Bar Co-voces	/ Macentals			Juan.
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(o	PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING 206. DES OR CONTRIBUTING CAUSE OF DEATH U(IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in f	ort I or Part II of item 18.)		
		ACE OF INJURY (Home, form clory, street, office bldg., etc.	20f. (City or town)	(Coun	nty) (State)
Hour e. m. P. m. 19 ol wo	Not while	clory, sireer, office blog., arc.	1		
21. I certify that I attended the decea	-	1952, 10 /	VW 124, 195	Zihari I Jawi	the decem
alive an Nov 24		4.144	M, from the causes a	L'inai i iasi	saw the decease
dive on	and mor dear		_9M, from the causes a ADDRESS (Street, city or town,		date stated abav DATE SIGNI
ACTUAL COM HAR	Carola				11/24/59
SIGNATURE CC	7	M.D. Lexing	ton Park, Mo	1 9	11/24/03
PHYSICIAN'S Wm. H. Patri	ck, MD	Lexin	gton Park, M	Md.	
720. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, o	or county)	(Stole)
Burial 11/27/59	Geo.Washin	gton Cem.	Hyattaville	Md.	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'0	BY REGISTRAR 24b. REGIS	TRAR'S SIGNAT	
D.D. Dohingon I.a	anothern R	ra l	10V 3 0 '59	Tithur & !	Track.

e funeral director, nould be filed with ATTENDING PHYSICIAN: The law requires that the death meriticate be executed within 24 haurs after death: Page L CTOR: After this certificate has been signed by the attending physician and completely filled in detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and or to burial, crematian, ar remaval, and in any event within 72 hours after death. by the hospital or attending physician TO HOSPITAL OR may be retained TO FUNERAL VS A15 (4) 15M 10/57

MARY LAND STATE OF THE PROPERTY AND THE WAY THE TANK THE THE CERTIFICATE OF ACTIVITY and the state of the burning at both to be an interest of the 

LAJU Reg. Dist. No.

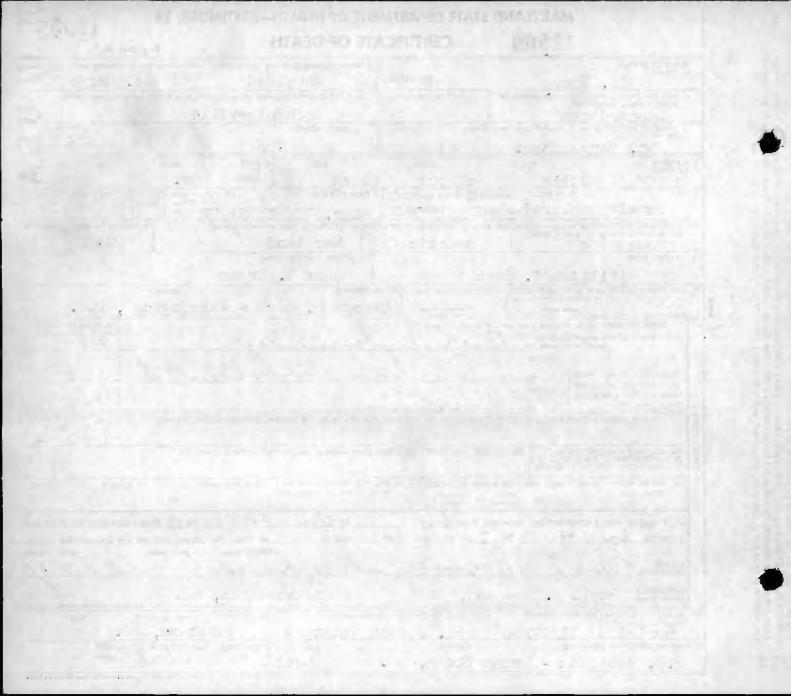
	1. PLACE OF DEATH o. COUNTY St. Marys	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Maryl	here deceased lived. If institution b. COUNTY	on: Residence before admission) St. Marys
	CITY OR TOWN (If outside corporate limits, wr RURAL and give nearest town)	ile c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write R	
	Leonardtown		× Mecha	nicsville	
	d. NAME OF HOSPITAL (If not in hospital, give st OR INSTITUTION  St. Marva Hosp.	news oddress)	d. STREET ADDRESS	lural	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First	Middle	Lost	1	
	(Type or print)  Julia	Rebecca	Bush	DEATH NOV.	24 19 59
	female coloredwin		ADP. 16.	9. AGE (In years lost birthdoy) 1889 70 yrs.	Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done	106. KIND OF BUSINESS OR INDU			12. CITIZEN OF WHAT COUNTRY
	during most of working life, even if retired) housewife	Domestic	Marylan		USA
	13. FATHER'S NAME		14. MOTHER'S MAIDEN I		
_		Bush	Jane M.		
	75. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas. no. or unknown)   [If yes, give wor or date: of service]		NFORMANT	Add	·
u	)no	G	eorge R. Bu	ish - Washing	gton, D.C.
4	18. CAUSE OF DEATH [Enter only one couse p	er line for (a), (b), and (c).]	1	,	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Constral.	tain	lare	ONSET AND DEATH
	443× DUE TO		1	011	. 1
	Conditions, if ony, which ) (b)	In temporales	when Car	In Usant	She 10 cm
	gove rise to immediate	1/			
	lying cause lost.	Hyrarlens	~		165
1	PART II. OTHER SIGNIFICANT CONDITIO	INS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	EN IN PART 1(0) 19, WAS AUTOPSY
	ICATI	<i>V</i>			YES NO
	OR CONTRIBUTING   CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURREN	D. (Enter noture of injury in	Port L or Part II of item 18.)	
			ACE OF INJURY (Home, form	n, 20f. (City or town)	(County) (State)
	p. m. 19 of	/hile Not while Tak	and the state of t	"	
	21. I certify that I attended the dec	eased from Nov	. 19.57. la	Nov 19 (9	.that I last saw the deceased
	1 21/ 2	13	occurred at	7	ind an the date stated above
1	$M \sim M$	1	_	ADDRESS (Street, city or town,	
	ACTUAL SIGNATURE	Jonnon	M. of neck	enemals	Ad 11:21
	PHYSICIAN'S David L. Mos	ssman, MD	Mechanic	sville, Md.	
	220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O		22d. LOCATION (City, town, o	n # a
1	Burial 11/27/5		h Cemetery	Morganza	a, Md.
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			STRAR'S SIGNATURE
	P.B. Robinson - Le	onardtown. Md.	DATE	: 2 '59 Out	Lun S. Thank

the funeral director, hauld be filed with ATTENDING PHYSICIAN: The faw requires that the death merifilmate be executed within 24 haurs after death. Fage A may be retained by the haspital ar attending physician.

TO FUNERAL PRICTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shauped detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and the registrar priar to burial, crematian, or remaval, and in any event within 72 hours after death. TO HOSPITAL OR

M

VS A15 (4) 15M 10/57



Reins-Sturdivant, North Wilkesboro N.C.

NO A

(Stote)

Cothur & Kroug

VS. A15MEIST 5M 9/55

DEPUTY MEDICAL

should

Contract of the Contract of th

TO DEFUTY MIDICAL EXAMPLES. This certificate should be executed within 14 hours after death. If my delay is execute the cartificate, writing the ward "pending" in penal in Item 18. Give Pages 1, 2, and 3 to the funeral 4 should to two worded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retain TO FUNERAL RECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremation, or remayal, and in any event within 72 hours after death.

WS. A15ME 8M 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

19873			Ret	g. Dist. No
1. PLACE OF DEATH		2. USUAL RESIDENCE (	Where deceased I ved. If institution- I	tesidence before admission)
St. Mary's	MARYLAND	O. STATE	b. COUNTY _	
b. CITY OR TOWN (I outside corporate houts, write BURAL	c. LENGTH OF STAY IN 16	COTT OF TOWN (	And ST outside corporate limits, write RURA	Mary s
and give redrest lown)				Cours Auto the Coast towns
Rural Oakley	Life	Rural	Oakley	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos)	pital, give street address)	d STREET ADDRESS		ON A FARM?  YES XI NO
3. NAME OF First DECEASED (Type or print) James	Middle Alfred Gr	Losi	4. DATE Month OF DEATH TO	Doy Yeor
V dimos	D NEVER MARRIED 5	DATE OF RIPTH	MOA	DER TYEAR IF UNDER 24 HRS
Male Colored WIDOWEL	-	July 14, 190	feet birthday) Mont	
100 USUAL OCCUPATION (Give kind of work done 10b K during most of working life, even if relired) Farm Labor		TY 11, BIRTHPLACE (Stole	or foreign country) 12 Vland	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN	W	U D D A R. O
XXXXXXX James A	Graen			
		Annie C.Y		
No No or enhanced (If yet, give yet or dates of territor)			Address	
		y o. carter	Oakley, Maryland	
18. CAUSE OF DEATH [Enter only one couse per line if PART I. DEATH WAS CAUSED BY:			0 -1	ONSET AND DEATH
IMMEDIATE CAUSE (o)	Fracture	D Cerus	Nertibras	Immed.
DUE TO				
Conditions, If any, which) (b)				
gove rise to immediate couse ( (a), stating the underlying DUE TO				
couse lost. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN IN	PART 1(a) 19, WAS AUTOPSY
5 Crus	heat Ches	1		YES NO 4
PART II. OTHER SIGNIFICANT CONDITIONS CO	HOW INJURY OCCURRED. (En	ster nature of injury in Par	t I or Part II of item 18.)	
	Hit & run	, by aut	neor Oaklu	They
3 20c. TIME OF INJURY Month, Day, Year 20d. II	NJURY OCCURRED 20e PLAC	E OF INJURY (Home, form		(County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. Il Hour o. m. 11-9 1954 of wo	rk at work	VIE 24	aaklen	AT Mans The
21. I certify that I took charge of the r	emains described abov	re, held an Autops	y . Inspection . Inc	uiry 4 and in my
apinion death resulted fram: Natural o			Homicide . Undetermine	
17.1	D cet.			A
SIGNATURE SIGNATURE	1/3 and	M.D. CHIEF MEDICAL E	(AMINER []	DATE SIGNED
EVAMINEDIS	Ju	ASSISTANT MEDIC	AL EXAMINER []	11/9/54
PAMME (Type) William D. Boyd	M.D.	DEPUTY MEDICAL	EXAMINER 4	"
270. BURIAL, CREMATION, 27b. DATE THEREOF REMOVAL (Specify)	72c. NAME OF CEMETERY OR	CREMATORY	22d LOCATION (City, town, or cour	(Stote)
Burial   11/11/59	Sacred Heart		Bushwood,	Maryland
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	LI A	D BY REGISTRAR 246. REGISTRAR	
W.Clarke Mattingley Leonar	dtown. Maryland	DATENU	V 1 3 '59 O. Jhun.	S. Kraus



RYLAND	STATE	<b>DEPARTMENT</b>	OF HEAL	TH-BALTIMORE, 1	8
eus 12	5 R. 74	This iss (경기 되는	11/12/	So turk	

MARYLAND	STATE DEPARTM	251 11/12/59
12972	CERTIFICA	ATE OF DEATH
o. COUNTY St. Mary's	MARYLAND	2. USUAL RESIDENCE (When a. STATE
b. CITY OR TOWN (If putside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (if our

Reg. Dist. No.

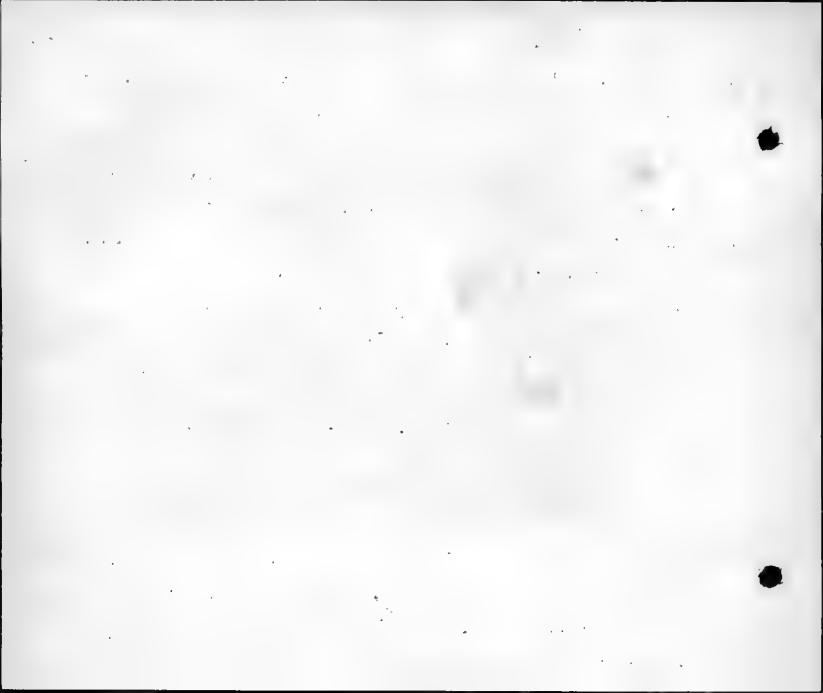
a, COUNTY		2. USUAL RESIDENCE (* a. STATE			e before admission)
St. Mary's	MARYLAND		yland	St.	Mary's
RURAL and give nearest fown)	LENGTH OF STAY IN 16	,		nits, write RURAL and g	ive nearest town)
Leonardtown	3 days		lollywood		7
d. NAME OF HOSPITAL (If not in hospito), give street ode OR INSTITUTION  St. Mary's Hospital St.		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO 1
3. NAME OF First		<u> </u>	4 0470		
DECEASED (Type or print) George	Jackson H	arrover	4. DATE OF DEATH	Month November	Day Year 3 19 59
5 SEX 6 COLOR OR RACE 7. MARRIED	NEVER MARRIED	B DATE OF BIRTH	9 AG	E (In years IF UNDER	YEAR IF UNDER 24 HRS.
KrMale White WIDOWED	DIVORCED	September 1	7, 81 78	birthday) Manths yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b KIT during most of working life, even if retired)	ND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sto	ite ar fareign cauntry)	12. CITI2	EN OF WHAT COUNTRY?
U. S. Navy Yard		Washingt	on. D. C.	U.S	. A .
13. FATHER'S NAME		14. MOTHER'S MAIDEN		10.0	
unknown Harrover		unknow	n		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SO	ICIAL SECURITY NO	NFORMANT		Address	
(Yes, no, or unknown) (If yes, give wor or dates of service)			**		
Yes	none Le	na Elizabeth	Harrover	Hollywood,	Maryland
1B. CAUSE OF DEATH [Enter only one couse per line	far (a), (b), and (c).				INTERVAL BETWEEN ONSET AND DEATH
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	no Inc	عيين المتمليل			-2 24-1-
490 X DUE TO					
Conditions, if ony, which }	)				1
gave rise to immediate ( Cur To					
Luine name lest					
	ITRIPL TIME TO DEATH BUT	NOT BELLIED TO THE TER	DUILLE DISTASS COLL	OUTION COURT IN DARK	27 38 14/45 11/7085V
PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	NIKIBUTING TO DEATH BUT	NOT REDATED TO THE TEX	MINAL DISEASE CON	DITION GIVEN IN PART	PERFORMED?
20a. ACCIDENT WAS UNDERLYING [] \ 20b. DESCRI	BE HOW INJURY OCCURRE	D. /Enter nature of injury (	n Part I ar Part II of	item 18.1	113 110 13
			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	
20c. TIME OF INJURY Month, Day, Year 20d INJU	- for	ACE OF INJURY (Home, for ctory, street, office bldg., i	orm, 20f. (City or tov	vn) (C	ounty) (State)
20c. TIME OF INJURY Month, Day, Year 20d INJU Hour o.m. While of work [	Not while	ciory, sirear, office blog., i	E(C.)	_	
21. I certify that I attended the deceased	from 1	, 19\5q., ta	113		it saw the deceased
alive on 11 ) 195	and that death	accurred at 913	M. from the c	auses and an the	date stated above.
21	<del></del> /		ADDRESS (Street, c		DATE SIGNED
ACTUAL SIGNATURE	X Clu	M.O. 317 G	oa(Nui	u Rahr	RE WEST
PHYSICIAN'S NAME (Type) Julian S. Lane	м. р.	Lexingto	on Park, M	aryland	
22g. BURIAL, CREMATION, 22b. DATE THEREOF	72c. NAME OF CEMETERY O			City, town, or county)	(Stote)
Burial 11/5/59	Joy Chapel		Hollywo		yland
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		C'D BY REGISTRAR	24b. REGISTRAR'S SIG	NATURE
W. Clarke Mattingley Leonard	town Maryland	DATE	NOV 5 '59	Calling S.	Kinna



VS A15 (4) 15M 9/5B

ARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE, 18	
O TO					

	16313		CERTIF	ICA	ALE OF DE	:АІН				Reg. Dis	t. No.		~
1 PLACE OF DEATH o. COUNTY St.	. Mary's		MÁRYLA	MD	2. USUAL RESIDEN	rvla			Institution		e before Marv		1)
	f autside corporate limit	ts, write	c. LENGTH OF STAY IN	ПЬ	c. CITY OR TOV	WN (If au	itside carpor	ote limits	, write RU	RAL and g	ive neare	est tawn)	
Hurry			Life		XRural		Hurry						
d. NAME OF HOSPITA OR INSTITUTION	AL (If nat in hospital, g	ive street	oddress)		d. STREET ADD	RESS						IS RESID ON A F	ARM?
3. NAME OF DECEASED	Fire	st	Middle		Last		4. DATE OF		Month	1	Day	Ye	or
(Type or print)	Mar	У	Ada		Lacey		DEATH	Nov	rembe	r	17,	19	59
5. SEX	6. COLOR OR RACE	7. MARR	IED MEYER MARRIED		B. DATE OF BIRTH		1	9 AGE (		Manths			
Female	White	WIDOWE	DIVORCED		Feb. 15,	1902		57	yrs	MONTHS	Days	Hours	Min.
10a USUAL OCCUPATIO	ON (Give kind of work a	done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLAC	E (State o	r foreign ca	untry)		12 CITIZ	ZEN OF V	VHATCO	JNTRY?
House wife	-		Home		Maryla	nd				U.	S.A.		
13. FATHER'S NAME			.,		14. MOTHER'S MA	AIDEN N	AME						
Jo	hn M. Quad	8			Mary	E.	Lacey						
15. WAS DECEASED EVER	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	10	NFORMANT				Addre	\$\$			
Mo			none	Wa	lter B. L	acey	Huri	cy. N	iaryl	and			
Canditions, if or gave rise to in cause (a), stating t	the <u>under-</u> DUE TO	)	Gerbya Gerbya Gerbya Geruf Geruf	de /	Lemon Lemon NOT RELATED TO JA	e, nho HE TERMIN CUL	yal Disease	condition of	CUR TION GIVE	rent In in part		PERFORA	TOPSY MED?
	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b DESC	CRIBE HOW INJURY OCC	URŘEC	), (Enter nature of in	nįury in Pi	art I or Port	II af iter	n 1β.)				
20c. TIME OF INJURY Hour o. m. p. m.	Y Manth, Doy, Yea	While of war	Nat while	Oe. PLA	ACE OF INJURY (Har story, street, office bl	me. farm, ldg., etc.)	20f (City	or tawn)		(C	(aunty)		(State)
21. I certify the	at I attended the	deceas	ed from Vau		1948,	to R	OV 1	17.	1259	hat I la:	st saw	the dec	teasec
alive an	onb	<u>~719~S</u>	7 and stay d	leath	occurred at		M, fram t	. "					
	12/		, 0		n	1 A	DDRESS (St	on, city	ar tawn, s	tote)	11	DATE	SIGNE
ACTUAL	1 oy	us	Wher	i	M.D	/e	cu	au	LCA	112	U	111	191
PHYSICIAN'S NAME (Type)					M	lecha	nicsv:	ille	, Mar	yland	i		
220 BURIAL, CREMATION	N, 22b. DATE THEREC	F	22c. NAME OF CEMETE	ERY O	R CREMATORY		22d. LOCAT	ION (City	r, town, ar	county)		(State)	
Burial (Specify)	11/20/59		Sacred He	ari	2		Bushwe	ood,		Mary	land		
23. FUNERAL DIRECTOR'S	S SIGNATURE		ADDRESS				BY REGISTI			TRAR'S SIG			
W. Clarke Ma	ttinglev L	eonai	dtown Mary	zlar	od D	ATE NO	V 23 '5	9	Chi	Chur S.	Those	l.	



	12974	
SPATH.		

1	2974	CERTIFICA	ATE OF DEATH	1	Reg. Dist. No.	
1, PLACE OF DEATH o. COUNTY			2, USUAL RESIDENCE (Who	h COUR	NTY	
St. Ma	ry's	MARYLAND	Maryl	and	St. Mary	y¹s
b. CITY OR TOWN (If outside RURAL and give nearest tow	corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or	utside corporate limits, writ	te RURAL and give neares	it town)
Leonardtown		4days	X St. Geor	ge Island		
d. NAME OF HOSPITAL (IF no OR INSTITUTION	t in hospital, give street	address)	d STREET ADDRESS		th I	IS RESIDENCE ON A FARM?
	. Mary's	Hospital			Y	ES NO
3 NAME OF DECEASED	First	Middle	Last	4. DATE	Month Day	Year
(Type or print)	Charles	Rufus M	loore	DEATH NOV.	30,	19 59
5. SEX 6. COL	OR OR RACE 7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In ye last birthda		
Male Wh	ite widowi	ED DIVORCED	Aug. 5,180	74	yrs. Months Days H	lours Min.
10a USUAL OCCUPATION (Give during most of working life,	kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY , 11. BIRTHPLACE (Stole	ar foreign country)	12 CITIZEN OF W	HAT COUNTRY
Waterman	Crem in remedy		Maryla		U.S.A.	•
13. FATHER'S NAME			T4. MOTHER'S MAIDEN N	AME		
Benn	ett R. Mo	ore	Emma Po	d		
15. WAS DECEASED EVER IN U. S	S ARMED FORCES? 16.	SOCIAL SECURITY NO.	NFORMANT	,	Address	
No		18-16-2533 E	Estelle Moor	e St. Geo	orge Island	d
18. CAUSE OF DEATH Ent	er only one couse per li	ne for (o), (b), and (c)-]			INTERV	AL BETWEEN
PART I. DEATH WAS	CAUSED BY:	- war way	cacher	and a	史	de
420.1	DUE TO		,		70	F
Conditions, if ony, which	ch ) (b) (cc	mus. All	lengin		10	Un
gave rise to immedia cause (a), stating the unde	te DUE TO	12/	1 -			1
lying couse last.	(c) 4m	endered a	terio rol	india	1/2	7 Gen
PARE II. OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NALD SEASE CONDITION	GIVEN IN PART 1(0) 19	WAS AUTOPSY PERFORMED?
PART II. OTHER SIGN						ES NO 🔼
200 ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL	RLYING 1 20b. DES	CRIBE HOW INJURY OCCURRE	D (Enter noture of injury in P	ort Lor Port II of item 18.	.)	
	L EXAMINER)					
20c. TIME OF INJURY Month Hour a.m. p. m.			ACE OF INJURY (Hame, farm,		(Caunty)	(Stote
Hour a.m.	19 While of wor	Nat while	ctory, street, affice bldg, etc.	1		
21. I certify that I at	tended the decens	ed from DAT 10	19.5 8, to	Both 30 195	Shot I last saw t	he decease
plive on Mis	V30 190			M, from the causes	,	
dire on	2 2 62 1 102	- , and mar dean	, ,	ADDRESS (Street, city or to		DATE SIGNED
ACTUAL SIGNATURE	6	N32	-4.0		12	111,53
	1	1				
PHYSICIAN'S P.	J. Bean	M. D.	Great	Mills. Mar	ryland	
220. BURIAL, CREMAT ON, 22b.		22c. NAME OF CEMETERY O		22d LOCATION (City, lov		(Stote)
Burial 1	2/3/59		s Xavier	St.George	Island, Mo	
23. FUNERAL DIRECTOR'S SIGNA	TURE	ADDRESS	24a. REC'I	BY REGISTRAR 24b. R	REGISTRAR'S SIGNATURE	
W.Clarke Mat	tingley L	eonardtown.	Md. DATE DE	C 4 '59	arting & House	

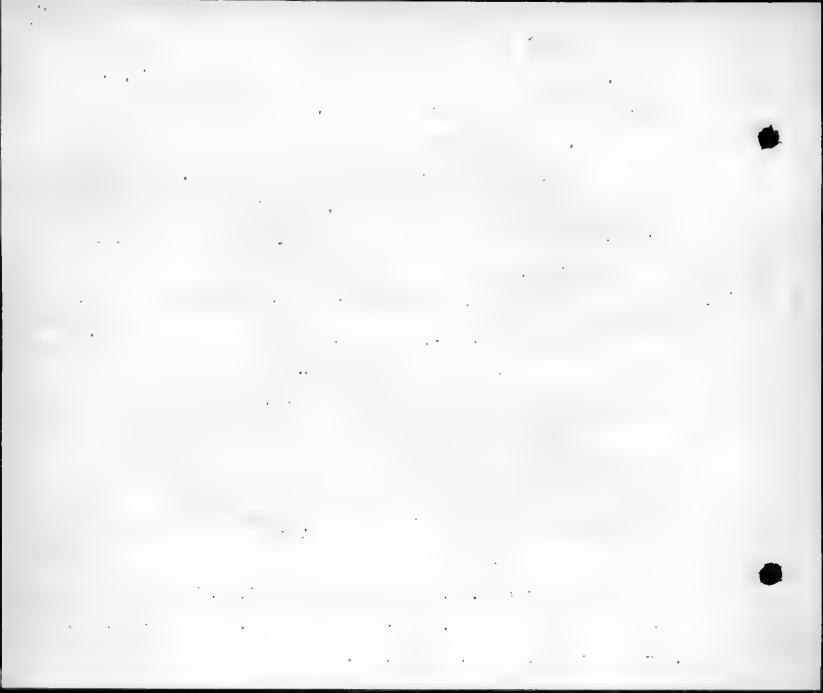
TO HOSPITAL OR ATTENDING FIRYMCIAM: The low requires that the death certificate Le executed within 24 haurs after Leath. Page 4 funeral director,

may be retained by the haspital an attending physician.

D. FUNERAL CTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 shautance detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, crematian, ar removal, and in any event within 72 haurs after death.

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TO FUNERAL page 3 shave VS A15 (4) 15M 9/58



12975

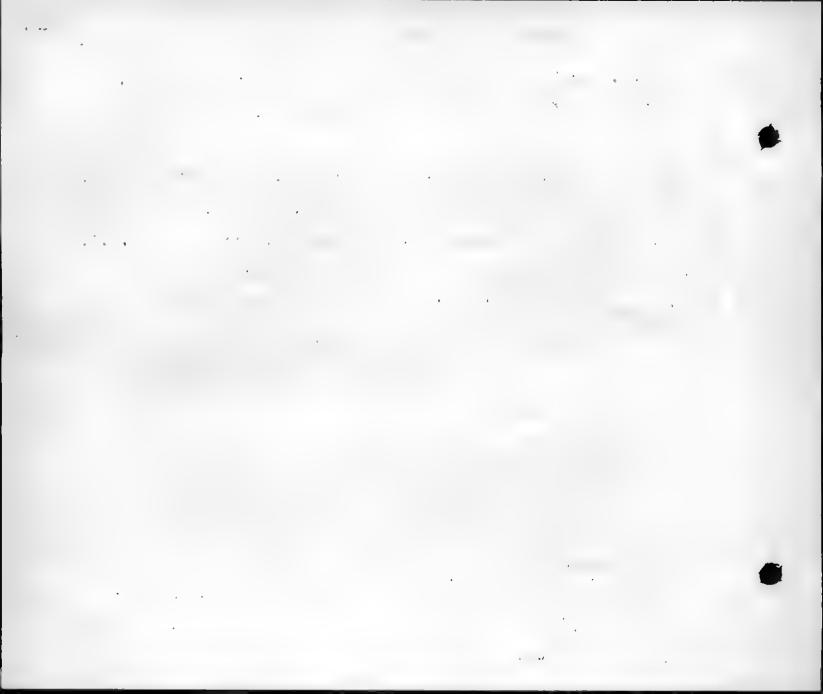
## **CERTIFICATE OF DEATH**

Pen Dist No

					Keg. Dist. 140.
1. PLACE OF DEATH	Mary's	MARYLAND	o. STATE	b COUNTY	
			Mary	he age to day	St. Mary's
RURAL and give i	(If outside corporate limits, write nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR IOWN (If o	utside corporate limits, write i	RURAL and give nearest town)
Rural Bu		Life	XRural B	ushwood	
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give street	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF	First	Middle	Lost	4. DATE Mor	nth Day Year
(Type or print)	Edmund	James	Plowden Jr.	OF NOVemi	ber 30. 19 59
5. SEX	6. COLOR OR RACE 7. MAR	RIED TE NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HR
Male	White WIDOW		June 13.18	95' lost birthdoy)	Months Doys Hours Min.
					112 CITIZEN OF WHAT COUNTRY
	ION (Give kind of work done 10b. rking life, even if retired)	Nant - Daniel	Dan I 1	3.6 3 1	
roreman		State Road		, Maryland	U.S.A.
3. FATHER'S NAME	73.7		14. MOTHER'S MAIDEN N		
Edmund J	ames Plowden		Ada Davida	son	
5 WAS DECEASED EV	ER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO	INFORMANT	Ado	dress
No. or unknown)	None	218-09-6132 :	Edna W. Plot	wden Newpor	rt, Maryland
18 CAUSE OF DE	ATH [Enter only one couse per l	ing for (o), (b) and (c)			INTERVAL BETWEEN
	ATH WAS CAUSED BY:	A. Campa	ma no-	LIKIUM	ONSET AND DEATH
420.1	IMMEDIATE CAUSE (o)	7 COTON.	1 OCE	40510	1419-1
,	DUE TO		42,5cl		
Canditions, if		Coronn	4 -1 3 4	4011	
couse (o), stoting			J		
lying couse lost	(c)		<u> </u>		
PART II. OT	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NALDISEASE CONDITION GI	VEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?
\$					YES NO
PART II. OT  20a. ACCIDENT W  OR CONTRIBUTING  (IF EITHER, NOTIF	AS UNDERLYING 206. DES	SCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in I	Port I or Port II of item IB.)	
	-	INJURY OCCURRED 20e PL	ACE OF NJURY (Home, form	, 20f. (City or town)	(County) (State
20c TIME OF INJU	While	Not while fo	ctory, street, office bldg., etc.	.) [	(County) (Sign
∑ p. m.	19 of wo	rk at work			
21. I certify t	hat I attended the deceas	sed from 3	, 19 <u>5</u> 5, to	1/00 195	That I lost saw the decease
olive on	Sent 19	5 and that death	occurred at_11	/	nd on the date stated obov
	,			ADDRESS (Street, city or town	
ACTUAL /	1-1 /1/	) 6			
SIGNATURE	1 2	-7-	,M.D		
PHYSICIAN'S NAME (Type)	Leur Der	ube	Mechanic	esville, Mar	yland
220. BURIAL, CREMATI		22c. NAME OF CEMETERY C	OR CREMATORY	22d LOCATION (City, town,	or county) (State)
Burial Pecif	12/3/59	Sacred Hear		Bushwood,	Maryland
3. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS			ISTRAR'S SIGNATURE
	Mattingley I		35.1		
IL O TOT VO	THE OFTITE OF T	socitor a country	MIC. DATE DI	EC 4 '59   C	other & there

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer death. Page 4 TO FUNERAL CTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar purial to burial, cremation, or removal, and in any event within 72 haurs after death. VS A15 (4) 15M 9/58

funeral directar, ould be filed with



12962 Reg. Dist. No.

PLACE OF DEATH     COUNTY				ENCE (Where decease		on: Residence before a	admission)			
st.	. Mary's	MARYLAND	o. STATE	Maryland	b. COUNTY	St. Mary's	3			
b. CITY OR TOWN (II RURAL and give no	f autside corparate limits, write arest tawn)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)							
Loveville 10 yrs.			X Rura	X Rural Loveville						
d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospital, give street	address)	d. STREET A	DDRESS			S RESIDENCE ON A FARM? ES NO			
3. NAME OF DECEASED	First	Middle	Los	OF	Man	th Day	Year			
(Type or print)	James		backelfor	d DEATH	Novembe		19 59			
5. SEX	6. COLOR OR RACE 7. MARR	IED 🔲 NEVER MARRIED 📳	B. DATE OF BIRTH	1	9. AGE (In years last birthday)	Months Days H	UNDER 24 HRS			
Male	Colored WIDOWI	D DIVORCED	Oct. 19	,1906	53 yrs.	Monnys Days	ours Min.			
10g. USUAL OCCUPATIO	N (Give kind of work dane 10b. ing life, even if retired)	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPL	ACE (State or foreign o	country)	12. CITIZEN OF W	HAT COUNTRY?			
Farmin		Farm		Mary	land	U.S.	.A.			
13. FATHER'S NAME			14. MOTHER'S	MAIDEN NAME						
G	eorge W. Shacke	lford	Su	sie Green						
		SOCIAL SECURITY NO.	INFORMANT		Adde	ess				
(vac inc. or diagram)	(If yes, give war or dates of service)	79-01-6807 M	rs Susie	Mason Lo	veville,	Maryland				
18. CAUSE OF DEA	TH [Enter only one couse per li	ne far (a), (b), and (c).]		/			AL BETWEEN AND DEATH			
PART I. DEA	TH WAS CAUSED BY. IMMEDIATE CAUSE (a)	arcino	11110	Love	7	014351	AND DEATH			
163x	DUE TO	7			. /					
Canditions, if or	ny, which )	Ascine	001110	1 dT	The s	10/1				
gave rise to in	mmediate ( DUE 70	0				Will.				
couse (o), stating to lying couse last.	the under-	lung_	. •	U		0				
	IER SIGNIFICANT CONDITIONS O	ONTRIBUTING TO DEATH BU	JT NOT RELATED TO	THE TERMINAL DISEAS	SE CONDITION GIV	EN IN PART 1(a) 19 \	WAS AUTOPSY			
VOIL PART II. OTH							PERFORMED?			
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING (1) 206. DESC CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCUR	RED. (Enter nature of	finjury in Part I or Po	rt II af item 18.)					
20c. TIME OF INJUR	Y Manth, Day, Year 20d. It	NJURY OCCURRED 20e.	PLACE OF INJURY (	lome, form, 20f. (Cit	y or town)	(County)	(State)			
Y 20c. TIME OF INJURY Hour a.m.	19 While	I don white	octory, street, affice	blag., etc.)						
	at I attended the deceas	-d f	10	1- None	11/2 /34/5	hat I last saw tl				
1 1 107.	di i dilended me deceds	F A								
alive an IVA	11-12-1 17-	and that deal	th accurred at	M, fram	the causes an treet, city or town.		DATE SIGNED			
ACTUAL	A lana	200	N	a Dua		No.	0 -			
SIGNATURE	y- vacco		M.D	200	a pou	121-1-100	M-can			
PHYSICIAN'S NAME (Type)	A. Samadi M	. D.	Leo	nardtown,	Maryland					
220 BURIAL, CREMATIO	4.1 4	22c, NAME OF CEMETERY			TION (City, town, o	or county)	(Stole)			
BRENGVAL (Specify)	11/4/59	St. Joseph's		Mor	ganza,	Maryle	nd			
23. FUNERAL DIRECTOR'S	S SIGNATURE	ADDRESS		24a. REC'D BY REGIS	TRAR 24b. REGIS	TRAR'S SIGNATURE				
W. Clarke Ma	ttingley Leoner	dtown Maryla	n d	DATE NOV 9	'59	-1 0 1-				



CITY OR TOWN (I	12977		CERTI	FICAT	IT OF HEALTH- 53 12-11-59 E OF DEATH	et				1	296
CITY OR TOWN (I	. Marvis				L OI DEAIII			Reg. D	ist. No.		
RURAL and give ne			MARY		usual residence (Where o. STATE Maryla		l lived If instituti b COUNTY			e odmiss	,
Leonard		write	Lweek		c CITY OR TOWN (If ouls	ide carpoi		URAL and	give nea	rest tawi	1)
NAME OF HOSPIT OR INSTITUTION	Priva e h		ddress)	1	d STREET ADDRESS						FARM?
AME OF CEASED ype ar print)	First Char:	lott	Middle C			DATE OF DEATH	Nov.	ith	29,		Year 19 59
emale							9. AGE (in years last birthday) 79 yrs.			Haurs	Min.
luring most af work	king life, even if retired)	ne 10b. K	IND OF BUSINESS O	R INDUSTRY	Maryland	fareign co	ounlay)				OUNTRY?
THER'S NAME	????			1	4. MOTHER'S MAIDEN NAI	ME			_		
		nce)	ocial security no none			Pa			ryl	and	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO  Try, which ) (b)	Cle	etral	Vasc						ET AND	
	mmediate   DUE TO	1									
PART I OTH	HER SIGNIFICANT CONDI	TIONS CO	DATRIBUTING TO DEA	ATH BUT NO	T RELATED TO THE TERMINA	AL DISEASI	CONDITION GIV	/EN IN PA	RT 1(a) 1	PERFC	AUTOPSY PRMED?
OR CONTRIBUTING	☐ CAUSE OF DEATH	Ob. DESCR	RIBE HOW INJURY O	CCURRED (E	inter nature of injury in Par	t I or Pari	(Fafilem 18)				
C. TIME OF INJUR Havr a m, p. m	Y Manth, Day, Year	20d INJ While at work	IURY OCCURRED Nat while at wark			20f (Cily	ar Iown)		(Caunty)		(State)
7/8 B	pe or print)  (male  SUAL OCCUPATION  FIOUS ( SUAL OCCUPATION  FIOUS ( SUAL OCCUPATION  FIOUS ( SUAL OCCUPATION  FIOUS ( SUBJECT OF THE SUBJE	Chare  Color of volume to the color of volume	Charlott  Colored Widower  SUAL OCCUPATION (Give kind af work dane libb. K  FIGURE WORK  THOUSE WORK  THER'S NAME  AS DECEASED EVER IN U. S. ARMED FORCES?  AS DECEASED EVER IN U. S. ARMED FORCES?  If yes, give wor or dates of services  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions. if any, which gave rise to immediate cause (a), stating libe under:  PART I. OTHER SIGNIFICANT CONDITIONS CO  OR. ACCIDENT WAS UNDERLYING [1]  RECONTRIBUTING [1] CAUSE OF DEATH  FEITHER, NOTIFY MEDICAL EXAMINER)  C. TIME OF INJURY Manih, Day, Year 20d IN. Haur a m. p m 19 at work  1. I certify that Logtended the decease	Charlotte  Color or RACE  MARRIED NEVER MARRIED  DIVORCE  SUAL OCCUPATION (Give kind of work dane or surving most of working life, even if relired)  HOUSE WORK  THER'S NAME  2???  AS DECEASED EVER IN U. S. ARMED FORCES? In SOCIAL SECURITY NO	Charlotte    Color or RACE   7   MARRIED   NEVER MARRIED   8. D. MARRIED   NEVER MARRIED   8. D. MARRIED   NEVER MARRIED   8. D. MARRIED   NEVER MARRIED   M	Charlotte    Color of Race   7   Married   Never Married   8. Date of Birth	Charlotte    Charlotte   Somerville   Death	Charlotte  Charlotte  Colored   Age   Age	CASE OF DEATH [Enter only ane cause per line far (a), (b), and (c)]   CASE OF DEATH [Enter only ane cause per line far (a), (b), and (c)]   CASE OF DEATH [Enter only ane cause per line far (a), (b), and (c)]   CASE OF DEATH [Enter only ane cause per line far (a), (b), and (c)]   CASE OF DEATH [Enter only ane cause per line far (a), (b), and (c)]   CASE OF DEATH [Enter only ane cause per line far (a), (b), and (c)]   CASE OF DEATH [Enter only and cause per line far (a), (b), and (c)]   CASE OF DEATH [Enter only and cause per line far (a), (b), and (c)]   CASE OF DEATH [Enter only and cause per line far (a), (b), and (c)]   CASE OF DEATH [Enter only and cause per line far (a), (b), and (c)]   CASE OF DEATH [Enter only and cause per line far (a), (b), and (c)]   CASE OF DEATH [Enter only and cause per line far (a), (b), and (c)]   CASE OF DEATH [Enter only and cause per line far (a), (b), and (c)]   CASE OF DEATH [Enter only and cause per line far (a), (b), and (c)]   CASE OF DEATH [Enter only and cause per line far (a), (b), and (c)]   CASE OF DEATH [Enter only and cause (a), stating line under line line line line line line line line	There is not be an interest of the part of the source of the source of the source of the source of the part of the source	Color or Race   The property   Charlotte   Somerville   Death   Nov.   29,   16   Color or Race   The property   Never Married   S. Date of Birth   P. Age (in year)   Subjectively   P. Age (in year)   P. Address   P. Age (in year)   P. Age (in year)   P. Address   P. Age (in year)   P. Address   P. Age (in year)   P. Address   P. Address   P. Address   P. Address   P. Age (in year)   P. Address   P. Address

**ACTUAL** SIGNATURE PHYSICIAN'S NAME (Type)

Ernest Rehm M. D.

Lexington Park, Md.

22d. LOCATION (City, lawn, or county)

22a. BURIAL, CREMATION, REMOVAL (Specify) Burial Burial 12/2
23. FUNERAL DIRECTOR'S SIGNATURE 22c. NAME OF CEMETERY OF CREMATORY

St. Francis Xavier

ADDRESS 22

Compton, 24a, REC'D BY REGISTRAR

Md. 24b. REGISTRAR'S SIGNATURE

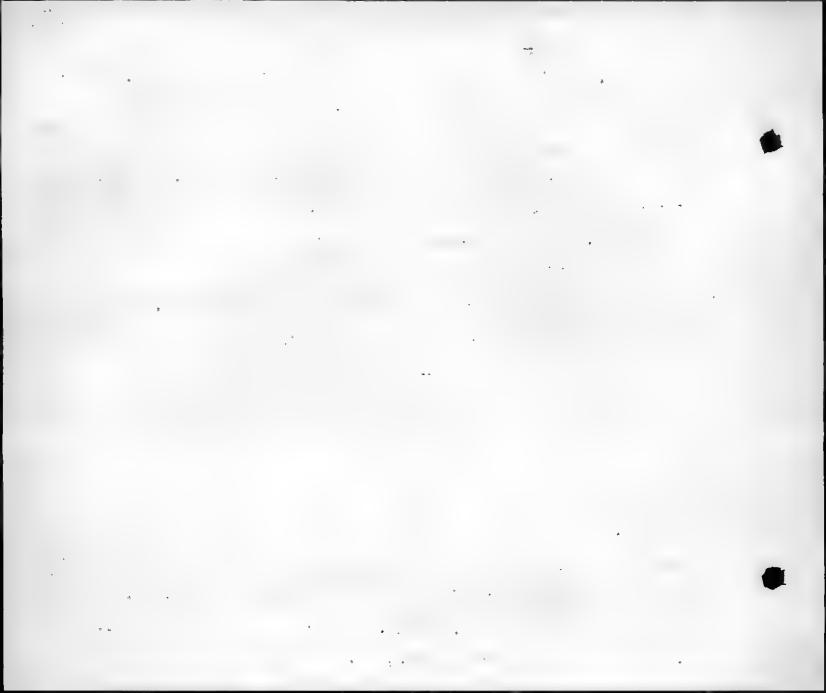
W. Clarke Mattingley Leonardtown, Md.

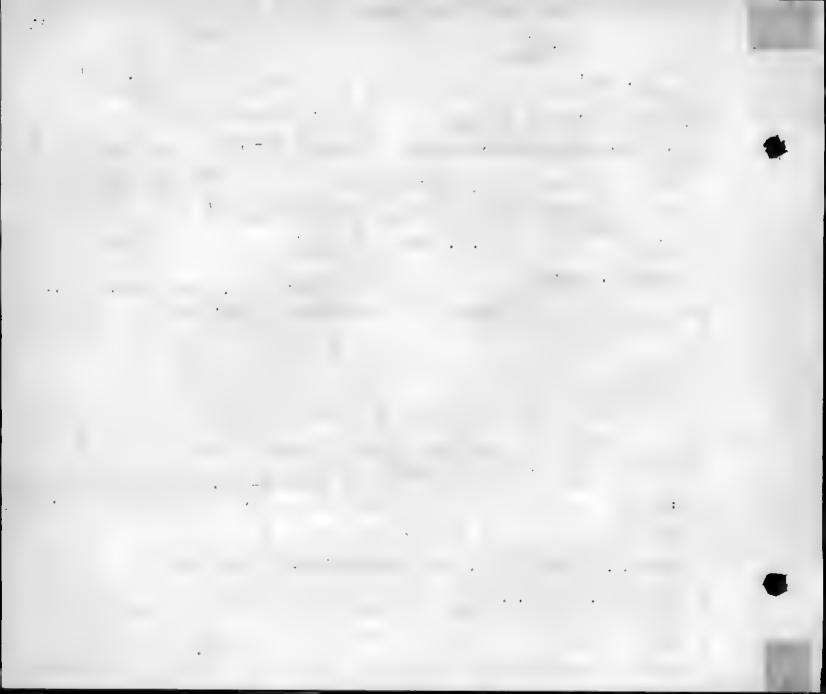
DATE DEC 4

Corthur S. Huma

requires that the deoth certificate be executed within 24 haurs after death. Page 4 directar, he funeral dire certificate has been signed by the attending physician and completely filled in Then please remave carbon papers. within 72 haurs TO HOSPITAL OR ATTENDING PHYSICIAN: The low be detached for use CTOR: After this by the hospitol the registrar prior to buriol, may be reform TO FUNERAL poge 3 shau VS A15 (4)

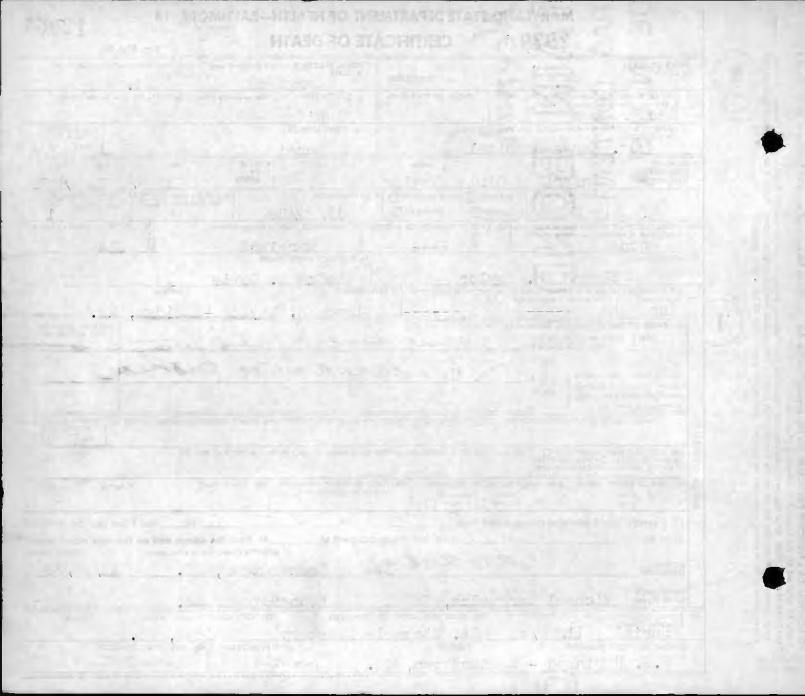
15M 9/58





Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
o. COUNTY St. Marys MARYLAND	Maryland b. COUNTY St. Marys					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Leonardtown	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  X Ridge					
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION St. Marvs Hospital	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM? YES NO G					
3. NAME OF DECEASED (Type or print) Infant Girl Taylor	lost 4. DATE Month Doy Year DEATH 11 / 29 1/5 59					
	8. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Manths   Days   Hours   Min.   Min.					
10o. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired)  NONE  13. FATHER'S NAME						
Elwood H. Taylor	Thelma L. Davis					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 8  [Yes, no. or unknown]   (If yes, give wor or dates of service)	NFORMANT Address					
	Elwood H. Taylor - Ridge, Md.					
PART I. DEATH WAS CAUSE BY:  IMMEDIATE CAUSE (o)  TO  Conditions, if ony, which gove rise to Immediate couse (o), sloting the underlying couse lost.  (c)	repadive mother					
ICATI	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART L(a) 19. WAS AUTOPSY PERFORMED?  YES NO					
206. ACCIDENT WAS UNDERLYING   206. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING   CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED FOR Hour o. m. 19 Old work of work	ACE OF INJURY (Hame, farm, ctory, street, affice bldg., etc.) (City ar town) (County) (State)					
21. I certify that I attended the deceased from.	, 19, 19, that I last saw the deceased					
actual Olean pelley	ADDRESS (Street, city or town, stote)  Leonardtown, Md. 11/30/59					
PHYSICIAN'S NAME (Type) Michael Barbarich, MD	Leon ddtown Md.					
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O BURIAL 11/30/59 St. Michael						
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE					
P.B. Robinson - Leonandtown Me	a DEC 3 159 Outline 8 thousand					



## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

12966

	14980	CERTIFICA	AIL OI DEAII		Reg. Dist	l. No.
1. PLACE OF DEATH o. COUNTY	Mary's	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	ь. С	OUNTY	e before admission)
b. CITY OR TOWN (If a	outside corporate limits, write est town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside carporate limits,		
OR INSTITUTION	wn. (If not in hospital, give stree t. Mary, s. Hosp	· ·	d. STREET ADDRESS	r_Lee_		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First John	Francis xxxxxxx	Lost Young	4. DATE OF DEATH	Month	Day Year 19 50
5. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	/	All I I	
	(Give kind of work done 10) g life, even if retired)	s. KIND OF BUSINESS OR INDU			12. CITIZ	EN OF WHAT COUNTRY
3. FATHER'S NAME		rate Road	14. MOTHER'S MAIDEN N	IAME		S.A.
J	ohn Young		Ritzeletex:	)	us. IImlenase	
PART I. DEATH  PART I. DEATH  Canditions, if ony gave rise to improve (a), stating the lying cause lost.	H [Enter only one cause per I WAS CAUSED BY: MMEDIATE CAUSE (a). DUE TO , which (b). mediate cunder.    DUE TO (c)			lest C for	CON GIVEN IN PART	INTERVAL BETWEEN ONSET AND DEATH 4 day
20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Year 20d. Whil	1 1-	ACE OF INJURY (Home, form	20f. (City or town)	(Co	ounty) (State
alive an	11/19/59	5 7, and that death	Leonardto	M, from the country of the country o	uses and an the or town, state)  and  y, town, or county)	date stated above DAJE SIGNEI  (State) Md.
		ardtown. Maryl		V 2 0 '59	Chilling & f	
M. OTHLKA ME	rectuated Peol	aratown Marvi	and	1 = 0 33	Civiling 2 7	Class A

VS A15 (4) 15M 9/SB

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